

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION:**

SOAH DOCKET NO. 453-04-5708.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 1, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Code 97110 for dates of service June 11, 2002 through June 21, 2002.

II. RATIONALE

- CPT Code 97110 denied as “F – Submitted documentation does not support or meet the criteria for one-on-one therapy that is identified in the Fee Guidelines Ground Rules and/or CPT code descriptor for reimbursement”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) relevant information was not submitted to support the criteria for one-on-one therapy. Reimbursement is not recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 97110.

The above Findings and Decision is hereby issued this 13th day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Dispute Resolution

MF/mf